

State of Michigan Department of Consumer & Industry Services UNEMPLOYMENT AGENCY



APPLICATION FOR TEMPORARY EXTENDED UNEMPLOYMENT COMPENSATION (TEUC)

Completion of this form is required to qualify for benefits.

You have been identified as possibly eligible for Temporary Extended Unemployment Compensation (TEUC). **COMPLETE THE APPLICATION BELOW** and return it to the Unemployment Agency (instructions on reverse side).

Your eligibility for benefits cannot be established until we receive this completed application.

To the Claimant: If name and/or address differ from above, complete Items 1 through 4 below. Otherwise, begin completing this form with Item 5. IF YOU ARE CURRENTLY DRAWING TRA BENEFITS, THEY WILL BE SUSPENDED UNTIL YOU HAVE DRAWN ALL TEUC BENEFITS AVAILABLE TO YOU. COMPLETE AND RETURN THIS APPLICATION FORM IMMEDIATELY.

8. Are you in training or attending school? (If "YES," give dates.) From	1. S	ocial Secu	urity Number	:																			
SINCE YOU LAST CLAIMED BENEFITS: 6. Have you applied for or received retirement benefits?	2. PRINT Name: Last						First					Middle											
SINCE YOU LAST CLAIMED BENEFITS: 6. Have you applied for or received retirement benefits?	3. No	o. and Street	t																				
6. Have you applied for or received retirement benefits? 7. Have you moved or changed your name? 8. Are you in training or attending school? (If YES; give dates.) From	4. City-State-Zip Code							County				5. Telephone Number											
Check Digit	6. 7. 8. 9. 10.	Have you have you Are you Are you Do you A. If "YI	ou applied four moved of in training currently rwish to have ES," you me	or or r r char or atte eceivi re bot ust en	eceived ret nged your n ending scho ng UI bene h Federal a ter the num	tirement name? ool? (If " fits from and Mich nber of d	YES," (the fe	give date ederal gov State inco dents/exe	es.) From vernment ome tax w emptions y	, another sta vithheld from you claim fo	tate, or n the ta	Thru Canada? axable po	? ortion o	f each	weekly	- ·······					NO NO NO		YES YES YES YES YES
EMPLOYER - Firm Name Telephone Telephone (Enter the reason number in the box) (1) Laid Off/Lack of Work (7) Other (2) Fired (8) Still Employed (2) Fired (8) Still Employed (3) Quit (9) Wildcat Strike (4) Retired (Voluntarily) Imprisonment (5) Retired (Involuntarily) Drugs Theft (6) Labor Dispute Assault and Battery Telephone Telephone (1) Laid Off/Lack of Work (7) Other (2) Fired (8) Still Employed (9) Wildcat Strike (4) Retired (Voluntarily) Imprisonment (5) Retired (Involuntarily) Drugs Theft (6) Labor Dispute Assault and Battery Telephone Theft (6) Labor Dispute Assault and Battery Telephone (1) Theft (6) Labor Dispute Assault and Battery Theft (6) Labor Dispu	UA Account No. Check Digit (DO NOT						it	Hourly	Hourly Salary First Date Worked						Last Date Worked								
If your return to work date exceeds 120 days, you must register for work to be eligible for benefits. (See Reverse) Item 11. Additional Space for Employment on Reverse. 12. If you are not a citizen of the USA, enter the type of INS form or document issued to you: Expiration Date: 13. I certify that all of the information submitted by me on this form is true and correct to the best of my knowledge and belief. I UNDERSTAND THAT THE PROVIDES PENALTIES OF FINE, AND/OR IMPRISONMENT, AND/OR COMMUNITY SERVICE FOR FALSE STATEMENTS TO SECURE BENEFITS. Your Signature Date	L A S T	EMPLOYER – Firm Name E M No. and Street P C City – State – Zip Code							(Pe	Position Title Was Social Security taken out of your pay?				(Enter the reason number in the box) (1) Laid Off/Lack of Work (7) Oth (2) Fired (8) Still (3) Quit (9) (4) Retired (Voluntarily) (5) Retired (Involuntarily) (6) Labor Dispute				7) Other 8) Still Ei 9)	her ill Employed Wildcat Strike Imprisonment Drugs				
14. BRANCH OFFICE USE ONLY Filing Date BYB Date B.O. No. Code Add'I R/O Effective W/E Date RSW/JAW Date Reg. Req. UA 1002/APP D/E Date D/E Cle	If your factors of the state of	our retur n 11. Ad If you a I certify PROVII	n to work of the state of the s	date e pace tizen the in	exceeds 12 for Employed for the USA Information	20 days oymen A, enter a submit	t on R the ty	must reg Reverse. pe of IN y me on	gister for IS form o this form	work to be r document is true and	eligible It issue d corre	e for bered to you ect to the	nefits.	(See R	everse knowle R FALS	edge a	E: ind bel ATEMI	xpiratio	on Date	: STAND 1	ГНАТ	THE	
Date No. Code Add'I R/O Effective W/E Date RSW/JAW Date Reg. Req. UA 1002/APP D/E Date D/E Cle	14.								BR <i>A</i>	NCH O	FFI	CE US	_			Date _							
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11. (Continued) – List all employment since last period of unemployment (whether in Michigan or not).

•	UA Account No. O NOT E HERE)	Check Digit	Hourly Salary Plant or Location	First Date Worked	Last Date Worked
N E X E T M	EMPLOYER - Firm Name No. and Street		Telephone	` '	box) ') Other 3) Still Employed
7 L 0 Q Y	City – State – Zip Code		Position Title Was Social Security taken out of	1 ` ′)
Ā R S T	County & State Worked In		your pay? YES NO	(6) Labor Dispute Strike Lockout	Assault and Battery Willful Destruction

IMPORTANT INFORMATION ABOUT CLAIMING TEMPORARY EXTENDED UNEMPLOYMENT COMPENSATION (TEUC)

To claim benefits, call MARVIN at your usual MARVIN appointment day and time. If you are claiming benefits beginning with the first week of Temporary Extended Unemployment Compensation (week ending March 16, 2002), call MARVIN between Monday, March 25 and Wednesday, March 27 at your usual appointment day and time. If you are unable to call or are unsure about your usual appointment day and time, call between 8:00 a.m. and 7:00 p.m. on Thursday, March 28, 2002 or Friday, March 29, 2002. Continue to call MARVIN on your usual appointment day and time.

If your regular benefits expired **after** March 10, 2001, complete and return this form, and call MARVIN on your next regular appointment day and time and continue to call MARVIN on your scheduled appointment day and time.

To be eligible for Temporary Extended Unemployment Compensation, you must have exhausted regular benefits and continue to meet all the eligibility requirements for regular unemployment benefits. You must be registered for work unless this requirement is waived. The registration requirement is waived only for claimants who expect to return to work with a previous employer within 120 days of their last day of work. The Unemployment Agency verifies this with the employer. For Michigan Works! Agency locations, call 1-800-285-WORKS.

Your registration for work with Michigan's Talent Bank is valid for one year. If your registration has expired or is about to expire, take the enclosed Form UA 1002, *Registering for Work with the Michigan Talent Bank* to a Michigan Works! Agency to re-register. The Michigan Works! Agency will notify UA that you have registered. Keep your copy of Form UA 1002 as proof that you have registered.

If you are currently drawing TRA benefits, payments of TRA benefits must be suspended until you have exhausted all entitlement to TEUC benefits. Therefore, it is very important that you complete and return the application for TEUC benefits.

• RETURN THIS FORM IMMEDIATELY TO YOUR UNEMPLOYMENT AGENCY BRANCH OFFICE •

• NOTICE •

Under 18 U.S.C. S 1001, knowingly and willfully concealing a material fact by any trick, scheme, or device or knowingly making a false statement in connection with this claim is a Federal offense, punishable by a fine of not more than \$10,000 or imprisonment for not more than five years, or both.